U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For english only	
E	GEAS DROP	

Name Aldon

1. File Number U - 3279

3. Name and address of person filing.

S Kaopuiki

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

Name Sheet Metal Workers AFL-CIO Local UNion 293

4. Name, file number, and address of labor organization.

Labor Organization File Number 038-672

P.O. Box, Bldg., Room No., if any room 401	P.O. Box, Building and Room Number, if any room 401					
Street 1405 N. King St.	Street 1405 N. King St.					
City Honolulu	City _{Honolulu}					
State Hawaii ZIP Code + 4 96817	State Hawaii ZIP Code + 4 96817					
5. Position in labor organization. Recording Secretary						
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):					
	A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any	7.b. Amount.					
Street						
City	\$0					
State ZIP Code + 4						
Signature						
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the					
Signed Mayorh	On 7/7/2005 808-841-5078					
<u> </u>	Date Telephone Number					
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3. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or 2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name LOtsoff Capital Management Trade Name, if any: P.O. Box, Bldg., Room No., if any 34th floor Street 20 North Clark St. City Chicago State Illinois ZIP Code + 4 60602	9. Business deals with: a. Labor Organization X b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Hawaii Sheet Metal Workers Trade Name, if any: P.O. Box, Bldg., Room No., if any Room, 403	11.a. Nature of such dealing. Lotsoff Capital Management is one of the Money Managers on the Hawaii Sheet Metal Workers Trust Funds			
P.O. Box, Bldg., Room No., if any Room 403 Street 1405 N. KIng St. City Honolulu State Hawaii ZIP Code + 4 96817	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Sponsored a dinner for a meting held in Chicago			
	12.b. Amount. \$150			

 13.a. Name and address of Employer or (including trade name, if any). 	Labor Relations Consultant	14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			N.
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	 \$0